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## SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. WE. (I)M<u> (i)</u> Q) ÑΣ Œ. Ď 1 .. n H #1 TOTAL TOTAL IND. **⇔**0. Ĵ Î O<sub>C</sub> TOTAL DEP. TOTAL DEP. TOTAL TOTAL

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

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